



Apr 04, 2013

MANHEIM AUTOMOTIVE FINANCIAL
6205 PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

For Internal Use Only	
Article #:	7012 2210 0001 5021 3827
Dealer #:	430596
Category:	New Application

Re:
BAV AUTO L.L.C.
DBA: COSTAS AUTO GALLERY

Dear Credit Manager:

Please be advised that Automotive Finance Corporation has or expects to acquire a purchase money security interest in the following collateral:

All of debtor's assets and properties wherever located, including without limitation: (a) accounts; chattel paper; deposit accounts; documents; equipment, fixtures, inventory, and other goods; general intangibles; instruments; insurance policies; investment property; letter of credit rights; money; software; supporting obligations; and titles, now owned or hereafter acquired by debtor, (b) any and all proceeds, products, additions, accessions, accessories, and replacements of the foregoing, and (c) all of debtor's computer records, business papers, ledger sheets, files, books, and records relating to the foregoing, now owned or hereafter acquired.

Should you have any questions related to this correspondence, please contact the undersigned at:

Automotive Finance Corporation
13085 Hamilton Crossing Blvd, Suite 300
Carmel, IN 46032

Sincerely,

CONTRACT DEPARTMENT
ERUSHING

13085 Hamilton Crossing Blvd, Suite 300 Carmel, IN 46032
Phone 317-843-4700 Fax 317-843-4895

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature Cox Enterprises HQ Michael Ingram</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Manheim Automotive Financial 6205 Peachtree Dunwoody Road Atlanta, GA 30328		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
PS Form 3811, February 2004		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7012 2210 0001 5021 3827	
		Domestic Return Receipt	
		102895-02-M-1510	